# 4 2012

## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

of Massachuseuts CHY CLEARS UPFICE NORTHER PORT 15A 03050	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	22-2011 Ending Date: [12-31-201]
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election [	30 day after election X year-end report dissolution
10 ist to par p	
Committees to Re-Elect Candidate Full Name (if gpplicable)	Committees to Re-Elect.
Of Council 11	Mauring of Samittee Name
Office Sought and District	Name of Committee Treasurer
698-Westhamoton Rd. Floreno, Muss	698-Westmenton Rel Floren Mars
Residential Address	Committee Mailing Address
Telephone Number (optional): 4/3-6-84-7937	Telephone Number (optional): 4/3-584-7937.
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	\$1,676.86
Line 2: Total receipts this period (page 3, line 11)	. 14
Line 3: Subtotal (line 1 plus line 2)	\$1,677.00
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	\$ 1.677-00
Line 6: Total in-kind contributions this period (page	:6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Mottampt	on Corperative Brook.
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in acciding activity of all persons acting under the authority of the penalties of perjury:	tributions and liabilities for this reporting period and represents the campaign of ance with the requirements of M.G.L. c. 55.
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box or	
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting per	st of my knowledge and belief, a true and complete statement of all campaign finance dance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separal certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, incampaign finance activity of all persons acting under the authority or on behalf of this configured under the penalties of perjury:	st of my knowledge and belief, a true and complete statement of all campaign -kind contributions and liabilities for this reporting period and represents the

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address  (alphabetical listing required)  Amount		Occupation & Employer (for contributions of \$200 or more)		
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12.5					
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	,				
Line 9: Total Receipts over \$50 (or listed above)					
Line 10: Total Recei	pts \$50 and under* (not listed above)				
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	(11)	70		
Date Failu	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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	The state of the s	and the second s	The second secon		
	1	ine 12: Expanditures over 850 (	(on listed shows)		
	Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
If you have itemize	you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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	·			
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		·		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	